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**Return to Educational Facility Parental Declaration Form**

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| **Child’s name:** |  |
| **Parent’s/Guardian’s name:** |  |
| **Principal’s name:** | Mrs Tara Rocca-Houlihan |
| **Name of setting:** | St James NS |
| This form is to be used when children are returning to the setting after any absence. | |
| Declaration:    I have no reason to believe that my child has infectious disease and I have followed all medical  and public health guidance with respect to exclusion of my child from educational facilities.        Signed:  Date: | |

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